

Senate Concurrent Resolution No. 24

Adopted in Senate April 1, 2013

Secretary of the Senate

Adopted in Assembly September 3, 2013

Chief Clerk of the Assembly

This resolution was received by the Secretary of State this
____ day of _____, 2013, at ____ o'clock ____M.

Deputy Secretary of State

RESOLUTION CHAPTER _____

Senate Concurrent Resolution No. 24—Relative to National Multicultural Cancer Awareness Week.

LEGISLATIVE COUNSEL'S DIGEST

SCR 24, Hernandez. National Multicultural Cancer Awareness Week.

This measure would designate the week of April 15 to 21, 2013, as National Multicultural Cancer Awareness Week, and would encourage the promotion of policies and programs that seek to reduce cancer disparities and improve cancer prevention, detection, treatment, and followup care for all Californians.

WHEREAS, National Multicultural Cancer Awareness Week has been observed across the country each year since 1987 to bring attention to the disparities of cancer among medically underserved populations; and

WHEREAS, The American Cancer Society is participating in National Multicultural Cancer Awareness Week to point out the disparities in cancer burdens and to encourage public and private sector commitments in helping eliminate these disparities; and

WHEREAS, California is the most populous and ethnically and culturally diverse state in the country, and thus, is in a position to provide leadership for the nation to address the reduction of the incidence of cancer among all races and genders; and

WHEREAS, In California, disparities exist in knowledge about cancer, cancer survival, and access to early detection, high-quality treatment, health care coverage, and health care. Social inequities also exist, including differences in occupational hazards, environmental exposures to pollution and other toxins, access to education, nutrition, physical activity, safe neighborhoods, healthy food options, and other factors that contribute to an increased or reduced risk of cancer; and

WHEREAS, The risk of developing and dying from cancer varies considerably among different cultural populations in California. The medically underserved are often diagnosed at later stages, and with a higher incidence of cancers with higher

mortality, like lung cancer, and are more likely to receive delayed health care; and

WHEREAS, Cancer is the leading cause of death among Hispanics, Asian Americans, and Pacific Islanders and is the second leading cause of death for most other Californians; and

WHEREAS, In California, African American males have the highest overall cancer incidence and mortality rates. African American women are more likely to die of breast cancer, although non-Hispanic white women are the most likely to be diagnosed with the disease. African Americans have substantially higher rates of cancers of the stomach, small intestine, liver, and larynx, myeloma, and Kaposi's sarcoma than non-Hispanic whites. African American men are at especially high risk for prostate cancer, more than any other racial and ethnic group; and

WHEREAS, In California, lung cancer is the most common cancer among Laotian and Vietnamese men, while prostate cancer is the most common cancer for men in most other ethnic groups. Colorectal cancer is the most common cancer among Kampuchean and Korean men. Despite an overall statewide decline in colorectal cancer rates from 1988–2008, incidence sharply increased among Koreans and Vietnamese. Asian Americans, Pacific Islanders, and Hispanics have substantially higher rates of liver and stomach cancer than other groups. Vietnamese women have much higher rates of cervical cancer than non-Hispanic white women. Asian Americans have among the lowest rates of screening for breast, cervical, and colorectal cancers. There remains a lack of data about factors related to cancer, cancer control, and effective interventions among Asian Americans and Pacific Islanders; and

WHEREAS, In California, Latinos have substantially higher rates of stomach and liver cancers than other Californians. Latinos have higher rates of acute lymphocytic leukemia and cervical cancer than non-Hispanic whites. Latinos have the highest likelihood of being uninsured, which can create serious barriers to screenings, early detection, and treatment. Latino women have the highest risk of developing cervical cancer, significantly higher, than non-Hispanic white women, African American women, Asian American women and Pacific Islander women; and

WHEREAS, Members of the lesbian, gay, bisexual, and transgender community are at greater risk for cancer, face specific challenges accessing quality health care because of insurance

policies that fail to cover same-sex partners, and may hesitate to access health care because of previous discrimination in health care settings. Lesbians have fewer mammograms, pelvic examinations, and Pap smear tests than heterosexual women. There remains a lack of data about factors related to cancer, cancer control, and effective interventions in the lesbian, gay, bisexual, and transgender community; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature declares the week of April 15 to 21, 2013, inclusive, as “National Multicultural Cancer Awareness Week,” and encourages the promotion of policies and programs that seek to reduce cancer disparities and, as a result, improve cancer prevention, detection, treatment, and followup care for all Californians; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.

Attest:

Secretary of State